24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517
	M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	
Full Name of Payee Alliance Graphics	Date of Public Distribution/Dissemination
·	10 14 7 2014
Mailing Address 1101 8th Street, Suite 100	Amount
City State 2	Zip Code 1035.63
,	94710 Transaction ID : SE.16423 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type Date of Dissertation of Category 10 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
TERRI LYNN LAND	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Credo Mobile	10 14 2014
Mailing Address 101 Market Street	Amount
Suite 700	
	Zip Code 2298.91 94105 Transaction ID : SE.16424 Date of Disbursement or Obligation
Purpose of Expenditure Phones	Category/ Type 10 14 2014
Name of Federal Candidate	Support Office Sought: House District: 00
TERRI LYNN LAND	Oppose President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3334.54
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronic Signature	cally Filed] Date 10 15 2014
Signature	